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CONFIRMATION NO. 7479

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|---|---|---|---|---|--------------------------------|
| SERIAL NUMBER 10/630,557 | FILING OR 371(c) DATE 07/29/2003 RULE | CLASS 424 | GROUP ART UNIT 1615 | ATTORNEY DOCKET NO. 59659 (71970) | |
| APPLICANTS Dong-Jin Yoon, Yongin-Shi, KOREA, REPUBLIC OF; Min-Suk Lee, Seoul, KOREA, REPUBLIC OF; Young-Ghil Shin, Yongin-Shi, KOREA, REPUBLIC OF; | | | | | |
| ** CONTINUING DATA ***** <i>None</i> | | | | | |
| ** FOREIGN APPLICATIONS ***** <i>S.T</i> REPUBLIC OF KOREA 2002-45585 08/01/2002 | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/23/2003 | | | | | |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>S.T</i> Verified and Acknowledged _____ Examiner's Signature _____ Initials _____ | | STATE OR COUNTRY KOREA, REPUBLIC OF | SHEETS DRAWING 1 | TOTAL CLAIMS 10 | INDEPENDENT CLAIMS 1 |
| ADDRESS 21874 | | | | | |
| TITLE Cored tablets comprising amoxicillin and clavulanate | | | | | |
| FILING FEE RECEIVED 750 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |